

ICE RECEIPT
COMPLAINT NUMBER OSCI-2021-4619
*** * * ICRS CONFIDENTIAL * * ***

To: BROWN, LEE A. - #385934
UNIT: _WN1 -- W092_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Complaint Acknowledged:	03/24/2021
Date Complaint Received:	03/24/2021
Subject of Complaint:	12 - Other
Brief Summary:	Moved to top bunk

This is to acknowledge the complaint you filed which was received on the date indicated. Depending on the nature of the complaint, you may or may not be interviewed by the ICE. A recommendation on the complaint will be made and submitted to the appropriate reviewing authority within 30 days of acknowledgement. A decision will be made by the appropriate reviewing authority within 15 days following receipt of the recommendation unless extended for cause.

Please write to the ICE if this issue is resolved before you receive an answer.

ICE REPORT
COMPLAINT NUMBER OSCI-2021-4619
***** ICRS CONFIDENTIAL *****

To: BROWN, LEE A. - #385934
UNIT: _WN1 -- W092_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Complaint Acknowledged:	03/24/2021	Inmate Contacted?	No
Date Complaint Received:	03/24/2021		
Subject of Complaint:	12 - Other		
Document(s) Relied Upon:	WICS DOC-3758		
Brief Summary:	Moved to top bunk		
Summary of Facts:	<p>TG Lee Brown complains that he was moved from R-Building to W-Building to a cell on a top bunk. Mr. Brown further states that he told the Officers on W-Building that he is not to be on a top bunk. He says that he has also been seen by the Health Services Unit (HSU) as well as a Physical Therapist. Mr. Brown states that the Officers and medical staff are aware that climbing causes him extreme pain every time he climbs up and down the ladder. He says that he is subjected to suffering from the pain climbing on or off his bunk causes. Mr. Brown lists the date of incident as 03/18/21, signed this complaint on 03/18/21, and this complaint was received in the Oshkosh Correctional Institution (OSCI) Institution Complaint Examiner (ICE) Office on 03/24/21.</p> <p>A review of the Wisconsin Integrated Corrections System (WICS) shows that Mr. Brown does not have an active low bunk restriction. In the special handling summary on WICS it shows that Mr. Brown was denied a low bunk restriction by the Special Needs Committee (SNC) on 03/30/21.</p> <p>The issue of this complaint is reduced to Mr. Brown's version of events against the documentation in WICS showing no restriction for a low bunk. Lacking any other credible evidence, the ICE is placed in the position of having to speculate and that would be improper when making a recommendation to the Reviewing Authority.</p> <p>Regardless of whose version of events is accurate, in reviewing this complaint the ICE finds no information that would support any staff misconduct or work rule violations on the part of W-Building staff or HSU. Mr. Brown simply disagrees with being placed in a top bunk - but this does not warrant an investigation by the ICE unless staff misconduct is alleged and such is not the case in this circumstance.</p>		

ICE REPORT
COMPLAINT NUMBER OSCI-2021-4619
*** * * ICRS CONFIDENTIAL * * ***

Mr. Brown is advised that the procedure for obtaining a different cell is to be discussed with unit staff. They make the determination on whether or not to recommend a change. If their decision is to not recommend a change that is the way it will be because they are present to do the necessary observation and investigation. Given this, unit staff, and not the ICE, is in the best position to make these determinations.

Therefore, dismissal is recommended, as Mr. Brown does not have a low bunk restriction and W-Building staff would be able to place him in a cell on the top bunk, which was done on 03/08/21. Through the submission of this complaint, Mr. Brown's claims will be reviewed by a member of OSCI's Administration.

ICE Recommendation:

Dismissed

Recommendation Date:

04/19/2021



T. Gillingham - Institution Complaint Examiner

REVIEWING AUTHORITY'S DECISION
COMPLAINT NUMBER OSCI-2021-4619
***** ICRS CONFIDENTIAL *****

To: BROWN, LEE A. - #385934
UNIT: _WN1 -- W092_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Complaint Acknowledged: 03/24/2021

Date Complaint Received: 03/24/2021

Subject of Complaint: 12 - Other

Brief Summary: Moved to top bunk

ICE's Recommendation: Dismissed

Reviewer's Decision: Dismissed

Decision Date: 04/23/2021



C. Eplett - Warden

CC:

Distributed via email

McGinnis, T
Lemke, C

A complainant dissatisfied with a decision may, within 14 days after the date of the decision, appeal that decision by filing a written request for review with the Corrections Complaint Examiner on form DOC-405 (DOC 310.12, Wis. Adm. Code).

CCE RECEIPT
COMPLAINT NUMBER OSCI-2021-4619
*** * * ICRS CONFIDENTIAL * * ***

To: BROWN, LEE A. - #385934
UNIT: _WN2 -- W301_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Appeal Acknowledged:	05/03/2021
Date Appeal Received:	04/30/2021
Subject of Complaint:	12 - Other
Brief Summary:	Moved to top bunk

Your request for review has been received.

The Corrections Complaint Examiner (CCE) has 35 days to submit a recommendation to the Office of the Secretary (OOS) for Review. The OOS has 45 days to make a decision after receiving the CCE's report. The OOS may extend the time for making a decision for cause and upon notice to all interested parties.

If you do not receive a decision or other notices within that time, you may write directly to:

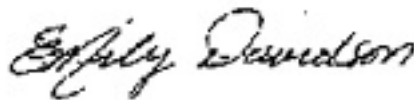
Secretary of the Department of Corrections
Post Office Box 7925
Madison, WI 53707-7925

CCE REPORT
COMPLAINT NUMBER OSCI-2021-4619
***** ICRS CONFIDENTIAL *****

To: BROWN, LEE A. - #385934
UNIT: _WN2 -- W301_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Appeal Acknowledged:	05/03/2021	
Date Appeal Received:	04/30/2021	
Subject of Complaint:	12 - Other	
Brief Summary:	Moved to top bunk	
Method of Disposition:	Review on Record? <input checked="" type="checkbox"/> Yes	Investigation? <input type="checkbox"/> No
Document(s) Relied Upon:	Complaint, SN review, WICS restrictions, appeal	
CCE's Recommendation:	Dismissed The complainant's request for a lower bunk restriction has been reviewed by the Special Needs Committee and determined not necessary at this time. The complainant is encouraged to work with HSU staff to address concerns, and determine whether further evaluation is necessary.	
Recommendation Date:	05/03/2021	



E. Davidson - Corrections Complaint Examiner

OFFICE OF SECRETARY DECISION
COMPLAINT NUMBER OSCI-2021-4619
*** * * ICRS CONFIDENTIAL * * ***

To: BROWN, LEE A. - #385934
UNIT: _WN2 -- W301_U
OSHKOSH CORRECTIONAL INSTITUTION
PO Box 3310
OSHKOSH, WI 54903-3310

Complaint Information:

Date Appeal Acknowledged:	05/03/2021
Date Appeal Received:	04/30/2021
Subject of Complaint:	12 - Other
Brief Summary:	Moved to top bunk
OOS Decision:	Dismissed
Decision Comments:	The following is the Secretary's decision on the Corrections Complaint Examiner's recommendation of 05/03/2021 in the above appeal: The attached Corrections Complaint Examiner's recommendation to DISMISS this appeal is accepted as the decision of the Secretary.
Decision Date:	05/06/2021



C. O'Donnell - Office of the Secretary



State of Wisconsin
Department of Corrections
GENERAL REPORT ON INMATE COMPLAINT

Complaint Information:

Date Complaint Acknowledged: March 24, 2021

Date Complaint Received: March 24, 2021

Subject of Complaint: 12 - Other

Brief Summary: Moved to top bunk

ICE Recommendation Information: (Signed on 4/19/21 11:46:25AM):

Document(s) Relied Upon: WICS
DOC-3758



State of Wisconsin
Department of Corrections
GENERAL REPORT ON INMATE COMPLAINT

ICE's Summary of Facts:

TG Lee Brown complains that he was moved from R-Building to W-Building to a cell on a top bunk. Mr. Brown further states that he told the Officers on W-Building that he is not to be on a top bunk. He says that he has also been seen by the Health Services Unit (HSU) as well as a Physical Therapist. Mr. Brown states that the Officers and medical staff are aware that climbing causes him extreme pain every time he climbs up and down the ladder. He says that he is subjected to suffering from the pain climbing on or off his bunk causes. Mr. Brown lists the date of incident as 03/18/21, signed this complaint on 03/18/21, and this complaint was received in the Oshkosh Correctional Institution (OSCI) Institution Complaint Examiner (ICE) Office on 03/24/21.

A review of the Wisconsin Integrated Corrections System (WICS) shows that Mr. Brown does not have an active low bunk restriction. In the special handling summary on WICS it shows that Mr. Brown was denied a low bunk restriction by the Special Needs Committee (SNC) on 03/30/21.

The issue of this complaint is reduced to Mr. Brown's version of events against the documentation in WICS showing no restriction for a low bunk. Lacking any other credible evidence, the ICE is placed in the position of having to speculate and that would be improper when making a recommendation to the Reviewing Authority.

Regardless of whose version of events is accurate, in reviewing this complaint the ICE finds no information that would support any staff misconduct or work rule violations on the part of W-Building staff or HSU. Mr. Brown simply disagrees with being placed in a top bunk - but this does not warrant an investigation by the ICE unless staff misconduct is alleged and such is not the case in this circumstance.

Mr. Brown is advised that the procedure for obtaining a different cell is to be discussed with unit staff. They make the determination on whether or not to recommend a change. If their decision is to not recommend a change that is the way it will be because they are present to do the necessary observation and investigation. Given this, unit staff, and not the ICE, is in the best position to make these determinations.

Therefore, dismissal is recommended, as Mr. Brown does not have a low bunk restriction and W-Building staff would be able to place him in a cell on the top bunk, which was done on 03/08/21. Through the submission of this complaint, Mr. Brown's claims will be reviewed by a member of OSCI's Administration.

ICE's Recommendation:

Dismissed

ICE's Recommendation Date: April 19, 2021

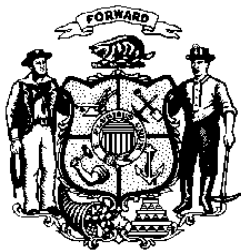
RA's Decision Information: (Signed on 4/23/21 8:44:45AM):

RA's Decision:

Dismissed

RA's Decision Date:

April 23, 2021



State of Wisconsin
Department of Corrections
GENERAL REPORT ON INMATE COMPLAINT

Appeal to CCE Information:

Date Appeal Acknowledged: May 03, 2021
Date Appeal Received: April 30, 2021

CCE's Recommendation Information: (Signed on 5/3/21 11:36:28AM):

Document(s) Relied Upon: Complaint, SN review, WICS restrictions, appeal
CCE's Summary: The complainant's request for a lower bunk restriction has been reviewed by the Special Needs Committee and determined not necessary at this time. The complainant is encouraged to work with HSU staff to address concerns, and determine whether further evaluation is necessary.
CCE's Recommendation: Dismissed
CCE's Recommendation Date: May 03, 2021

OOS' Decision Information: (Signed on 5/6/21 12:49:03PM):

OOS' Summary: The following is the Secretary's decision on the Corrections Complaint Examiner's recommendation of 05/03/2021 in the above appeal:
The attached Corrections Complaint Examiner's recommendation to DISMISS this appeal is accepted as the decision of the Secretary.
OOS' Decision: Dismissed
OOS' Decision Date: May 06, 2021



State of Wisconsin

Department of Corrections

DISTRIBUTION ITEMS

for COMPLAINT NUMBER OSCI-2021-4619

Item	Create Date	Created By	Sent To	Inmate ID	Print Date	Printed By
ICE Receipt	03/24/2021 8:24:28AM	Todd Gillingham	OSCI	385934	03/24/2021 8:57:19AM	Todd Gillingham
ICE Report	04/23/2021 8:44:45AM	Cheryl Eplett	OSCI	385934	04/23/2021 11:12:23AM	Todd Gillingham
RA Report	04/23/2021 8:44:46AM	Cheryl Eplett	OSCI	385934	04/23/2021 11:12:23AM	Todd Gillingham
CCE Receipt	05/03/2021 9:38:58AM	Matthew Greenwood	OSCI	385934	05/03/2021 11:14:57AM	Todd Gillingham
CCE Report	05/06/2021 12:49:03PM	Cindy O'Donnell	OSCI	385934	05/06/2021 3:59:33PM	Todd Gillingham
OOS Report	05/06/2021 12:49:03PM	Cindy O'Donnell	OSCI	385934	05/06/2021 3:59:33PM	Todd Gillingham

INMATE COMPLAINT

OFFICE USE ONLY

DATE RECEIVED

RECEIVED MAR 19 2021 RECEIVED MAR 24 2021

COMPLAINT CODE

12

COMPLAINT FILE NUMBER

OSCI-2021-4619

INSTRUCTIONS FOR INMATE:

- Complete **ALL** sections of this form
- You **MUST** use a DOC-400B, if additional space is needed.
- Do not use a highlighter or marker on this form. Do not staple or tape this form.
- The form may be returned to you if you submit an incomplete form or if you do not follow the instructions.
- Print clearly, illegible forms will not be processed. See reverse side for more information.

INMATE NAME

Lee Brown

DOC NUMBER

385934

HOUSING UNIT

W North

FACILITY

OSCI

LOCATION OF INCIDENT

OSCI W North cell 92

DATE OF INCIDENT

3-18-21

TIME OF INCIDENT

4:00 pm.

ANSWER THE FOLLOWING QUESTIONS IN THE SPACES PROVIDED:

Briefly state who or what is the **ONE** issue, of this complaint. What remedial action are you requesting?

I have been moved from R south to W north to a cell on a top bunk. I have a serious knee injury that causes me extreme pain and suffering.

With whom did you attempt to resolve your **ONE** issue, and what was the result of this attempt, prior to submitting this complaint? Send any documentation you have, that supports your attempt to resolve your claims.

I have told the officers on W North that I'm not to be on a top bunk I also wrote HSH and I also have been seen by HSH as well as physical therapist I have also addressed this with the unit manager McGinnis 3/23/21

What are the details surrounding this complaint?

I was moved to a cell on a top bunk. For which officers as well as medical staff are aware that climbing causes me extreme pain. Every time I climb up or down I am subjected to suffering from the pain climbing on or off my bunk causes.

SIGNATURE OF INMATE



DATE SIGNED

3-18-21

NOTICE OF SPECIAL NEEDS COMMITTEE DECISION

PATIENT NAME BROWN, LEE A _W/N1 W092/_U/C3	DOC NUMBER 385934	DATE 3/30/2021	FACILITY OSCI
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From: **SPECIAL NEEDS COMMITTEE**

RE: **SPECIAL NEEDS REQUEST**

This notice serves to inform you that your request for Low Bunk has been reviewed by the facility Special Needs Committee

Your request has been:

- ☐ Approved as requested
- ☐ Approved with modification(s):
- ☐ Approved with time limit:

Your request has been:

- ☒ Denied - Request does not meet criteria as defined in policy.
- ☐ Denied - Request is outside the scope of this committee.
- ☐ Denied - Other:

Special Needs Committee Members (print / type name clearly)

Dr. Murphy	HSAM Fofana
Dr. Tannan	RN Feltz
Dr. Wheatley	MPAA Giesler
NP Bowens	LT Schwebke
NP Hermes	

Name: BROWN, LEE A.

DOC #: 385934 PID #: 0385934

OTRS085A

Special Handling Summary

Monday April 19, 2021 11:24:52 AM

DOC #: 385934

Name: BROWN, LEE A.

DOB: 06/01/1980

Custody: Medium

Bed: _WN1-W092_U

Housing Recommendation

Area	Configuration	Primary Use	Type	PREA Risk	Tier Position	Bunk Position	ADA	Bed Restraint Cell	Negative Pressure	Continuous Power	Camera
Current Bed Asgn.	Double Room/Cell	General Population (GP)	Wet		Not Applicable	Upper	No	No	No	No	No

Security

Start Date	End Date	Special Handling Type	Status	Comments Present
No Rows Found				

Medical Services (1 - 14 of 14)

<u>Start Date</u>	<u>End Date</u>	<u>Medical Need/Restriction</u>	<u>Frequency</u>	<u>Qualifier</u>	<u>Travels with Inmate</u>	<u>Special Instructions</u>	<u>Comments Present</u>
10/04/2020	10/11/2020	Ace Wrap	N/A	N/A	Yes	Date: 10/04/2020 --- Time: 09:39:24 AM --- User: A. Korman	Yes
10/04/2020	10/30/2020	Activity - No Strenuous Sports	N/A	N/A	N/A	Date: 10/04/2020 --- Time: 09:41:00 AM --- User: A. Korman Date: 10/07/2020 --- Time: 10:47:50 AM --- User: A. Korman	Yes
10/04/2020	10/30/2020	Activity - No Work	N/A	N/A	N/A	Date: 10/04/2020 --- Time: 09:40:04 AM --- User: A. Korman Date: 10/07/2020 --- Time: 10:48:04 AM --- User: A. Korman	Yes
03/05/2021	03/05/2022	Brace / Immobilizer / Sling / Splint	N/A	Knee	Yes	Patellar stabilizing brace size L Date: 03/05/2021 --- Time: 01:37:18 PM --- User: N. Paschke, DPT	No
09/28/2018	09/28/2019	Contact Lenses & Case	N/A	Both	Yes	None	No

<u>Start Date</u>	<u>End Date</u>	<u>Medical Need / Restriction</u>	<u>Frequency</u>	<u>Qualifier</u>	<u>Travels with Inmate</u>	<u>Special Instructions</u>	<u>Comments Present</u>
10/04/2020	10/30/2020	Crutches	N/A	N/A	Yes	Date: 10/04/2020 --- Time: 09:40:17 AM --- User: A. Korman Date: 10/07/2020 --- Time: 10:48:20 AM --- User: A. Korman	Yes
10/04/2020	10/07/2020	Ice / Ice Bag	4/Day	N/A	N/A	Date: 10/04/2020 --- Time: 09:40:40 AM --- User: A. Korman	Yes
03/18/2021	03/25/2021	Ice / Ice Bag	4/Day	N/A	N/A	20 mins on	No
10/15/2020	10/29/2020	Low Bunk / Lower Tier	N/A	N/A	N/A	Date: 10/15/2020 --- Time: 06:27:09 AM --- User: A. Korman	Yes
08/26/2019	08/27/2019	Other	N/A	N/A	N/A	Please allow inmate to attend HSU PT room 2x a week on Tuesday/ Friday 3:30 pm to 4 to exercises x one month. Rob MPT	No
02/19/2021	05/20/2021	Therabands	N/A	N/A	Yes	red band for HEP Date: 02/19/2021 --- Time: 11:43:09 AM --- User: N. Paschke, DPT	No
10/04/2020	10/30/2020	Wheelchair - Distance	N/A	N/A	N/A	Date: 10/04/2020 --- Time: 09:39:45 AM --- User: A. Korman Date: 10/07/2020 --- Time: 10:48:33 AM --- User: A. Korman	Yes
06/16/2020	07/16/2020	Foot Care Supplies	1/Day	N/A	Yes	foot basin Date: 06/16/2020 --- Time: 09:09:14 PM --- User: K. Sennhenn RGCI	Yes
03/22/2021	03/30/2021	Low Bunk	N/A	N/A	N/A	Date: 03/22/2021 --- Time: 12:25:28 PM --- User: M. Endries Denied SNC Date: 04/01/2021 --- Time: 12:19:58 PM --- User: J. Giesler	No

Mental Health

<u>Start Date</u>	<u>End Date</u>	<u>Mental Health Need / Restriction</u>	<u>Special Instructions</u>	<u>Comments Present</u>
No Rows Found				

Dental Services

<u>Start Date</u>	<u>End Date</u>	<u>Dental Need / Restriction</u>	<u>Frequency</u>	<u>Travels with Inmate</u>	<u>Special Instructions</u>	<u>Comments Present</u>
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Start Date	End Date	Dental Need / Restriction	Frequency	Travels with Inmate	Special Instructions	Comments Present
No Rows Found						

ADA

Start Date	End Date	ADA Need	Travels with Inmate	Special Instructions	Comments Present
No Rows Found					

[Show Last Updated Information](#)

INMATE COMPLAINT APPEAL

INSTRUCTIONS: COMPLETE ALL SECTIONS OF FORM.

- Do not use a highlighter or marker on this form. Do not staple or tape this form.
- The form may be returned to you if you submit an incomplete form or if you do not follow the instructions.
- Print clearly, illegible forms will not be processed. See reverse side for more information.
- Rejected complaints can only be appealed to the appropriate Reviewing Authority. Their decision is final.
- Submitted documentation will not be returned.
- You must use a DOC-400B if additional space is needed.
- Keep the copy of this request for your records and send the original, in a sealed envelope via US Mail, to:

APR 30 2021

WI Dept of Corrections
CCE Office

CORRECTIONS COMPLAINT EXAMINER
DEPARTMENT OF CORRECTIONS
PO BOX 7925
MADISON, WI 53707-7925

INMATE NAME	DOC NUMBER	FACILITY	DOC COMPLAINT FILE NUMBER
Lee Brown	385434	OSCF	OSCF-2021-4619

STATE BRIEFLY WHY YOU ARE NOT SATISFIED WITH THE ACTION OF THE APPROPRIATE REVIEWING AUTHORITY.

On Oct 5, 2020 I fell down stairs further aggravating a knee injury that needed a second surgery. I then again fell climbing down the top bunk I am currently assigned to due to the medical implement walker/wheelchair my cellmate has for his physical disability obstructing my access to the bathroom or cell door. Being on a top bunk and subjected to the obstructions in my cell put me in imminent danger of further injuries and irreparable harm to my knee and my physical being. These are dangers and harmful adverse effects that could be prevented by staff and Hsu medical personal once the problem has been made aware by the documents generated by me. Despite the knowledge of inherent danger the officials and medical staff completely disregarded the risk that is obvious to my health and safety. It is also clear that the off site orthopedic specialist verified that

SIGNATURE OF INMATE

DATE SIGNED

INSTRUCTIONS

DOC 310.09 Filing of complaint appeal.

- (1) Appeals shall meet all of the following requirements:
 - (a) Be submitted on a form provided by the department.
 - (b) Be legibly handwritten or typed.
 - (c) Be filed only under the name by which the inmate was committed to the department or the legal name granted by a court.
 - (d) Include the inmate's original signature.
 - (e) Not exceed 500 words total and not exceed two pages.
 - (f) Provide relevant supporting documentation, which may be accepted at the discretion of the CCE.
 - (g) Be limited to the issue raised in the original complaint.
- (2) An appeal will not be processed and a referral for disciplinary action may occur in accordance with ch. DOC 303 if the complaint contains any of the following:
 - (a) Obscene, profane, abusive, or threatening language unless such language is necessary to describe the factual basis of the complaint.
 - (b) A foreign substance.

DOC 310.12 Review by Corrections Complaint Examiner (CCE).

- (1) An inmate may appeal the reviewing authority decision within 14 days after the date of the decision by filing a typed or legibly printed request for review with the CCE on forms supplied for that purpose. The institution shall make these forms accessible to inmates.
- (2) The CCE may accept, return, or recommend rejection of an appeal or complaint.
- (3) The CCE will only address issues raised in the original complaint.
- (4) The CCE shall return an appeal if any of the following apply:
 - (a) An original complaint has not been filed except as provided under s. DOC 310.09.
 - (b) The complaint has been rejected.
 - (c) The appeal is premature.
 - (d) The appeal does not list the complaint file number or contains more than one complaint file number.
 - (e) The appeal does not meet the criteria listed under s. DOC 310.10.
- (5) The CCE may recommend rejection of an appeal not filed in accordance with s. DOC 310.09.

DOC 310.13 Secretary's decision.

- (1) The secretary shall make a decision within 45 days following receipt of the CCE's recommendation. The secretary may extend the time for making a decision for good cause with notice provided to the inmate.
- (2) The secretary shall affirm or dismiss the CCE's recommendation, in whole or in part, or return the appeal to the CCE for further investigation.
- (3) The secretary's decision is final.
- (4) If the inmate does not receive the secretary's written decision within 90 days of the date of receipt of the appeal in the CCE's office, the inmate shall consider the administrative remedies to be exhausted, unless the time has been extended under sub. (1).

INMATE COMPLAINT/APPEAL (CONTINUED)

INMATE NAME	DOC NUMBER	HOUSING UNIT	FACILITY
Lee Brown	385934	W North	OSCI

I do need a second surgery and or knee replacement. with this knowledge alone requires the HSN staff and or officials to implement or modify my conditions. My knee injury is a serious medical need and has been diagnosed by a physician and the actions of medical staff and officials turn a blind eye broader on recklessness negligent and or malice. The pain I feel everyday in my everyday activities is a serious medical need in itself. The staff at OSCI failure to provide me with reasonable accommodations per DAI 300.00.35 despite the diagnosis is deliberate indifference.



SIGNATURE OF INMATE

DATE SIGNED

4-27-21

INSTRUCTIONS

The Department shall maintain an inmate complaint review system that shall be accessible to all inmates in institutions. Prior to filing a formal complaint, you must attempt to resolve the issue by following the designated process specific to the subject of the complaint. If you have not done so, the Institution Complaint Examiner (ICE) may direct you to do so.

Each complaint shall meet all of the following requirements:

- (a) Be submitted on a complaint form provided by the department.
- (b) Be legibly handwritten or typed.
- (c) Be filed only under the name by which the inmate was committed to the department or the legal name granted by a court.
- (d) Include the inmate's original signature.
- (e) Not exceed 500 words total and not exceed two pages.
- (f) Provide relevant supporting documentation, which may be accepted at the discretion of the ICE.

The ICE will acknowledge your complaint with an ICE Receipt, or return the complaint to you for correction or with further instructions, within 10 days of receiving your complaint submission.

A complaint will not be processed and a referral for disciplinary action may occur in accordance with Ch. DOC 303 if the complaint contains any of the following:

- (a) Obscene, profane, abusive, or threatening language unless such language is necessary to describe the factual basis of the complaint.
- (b) A foreign substance.

Each complaint may contain only one clearly identified issue. A complaint must contain sufficient information for the department to investigate and decide the complaint. An inmate may not file more than one complaint per calendar week except that any of the following are not subject to the filing restrictions contained in this paragraph:

- (a) Complaints regarding the inmate's health and personal safety.
- (b) Complaints made under PREA.

Appeals shall meet all of the following requirements:

- (a) Be submitted on a form provided by the department.
- (b) Be legibly handwritten or typed.
- (c) Be filed only under the name by which the inmate was committed to the department or the legal name granted by a court.
- (d) Include the inmate's original signature.
- (e) Not exceed 500 words total and not exceed two pages.
- (f) Provide relevant supporting documentation, which may be accepted at the discretion of the CCE.
- (g) Be limited to the issue raised in the original complaint.

An appeal will not be processed and a referral for disciplinary action may occur in accordance with Ch. DOC 303 if the complaint contains any of the following:

- (a) Obscene, profane, abusive, or threatening language unless such language is necessary to describe the factual basis of the complaint.
- (b) A foreign substance.

NOTE: The ICRS is governed by the rules in chapter DOC 310, Wisconsin Administrative Code. For more information on using the ICRS, please review this chapter.

Let Brava #385934
Oshkosh Correctional Institution
PO Box 3310
Oshkosh WI 54903



MILWAUKEE WI 530
28 APR 2021 PM 3 L



Corrections Complaint Examiners

Dept of Corrections

PO Box 7925

Madison WI 53707

53707-792525



This letter has been mailed from the
WISCONSIN PRISON SYSTEM



THIS ENVELOPE IS RECYCLABLE AND MADE WITH 30% POST CONSUMER CONTENT 

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